CLAIMS ONLY

Application Number	Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1	X	1					51						
2		2					52						
3		3					53						
4		4					54						
5		5					55						
6		6					56						
7		7					57						
8		8					58						
9		9					59						
10		10	1				60						
11				1			61						
12				2			62						
13				3			63						
14				4			64						
15				5			65						
16				6			66						
17				7			67						
18				8			68						
19							69						
20							70						
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
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33							83						
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36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep			1				Total Indep						
Total Depend			8				Total Depend						
Total Claims			9				Total Claims						